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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TRP  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
TIRP Firm/Company
12255 SW 123 Avenue
City/State and Zip Code  +irpapp@gmail.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
TTDD	110	

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

**ARTICLE I - Name:** 

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
12255 SW 123 Ave	12255 SW 123 Ave
Miami, Fl 33186	_ Miami , Fl 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

12255 SW 123 Ave

Florida street address (P.O. Box NOT acceptable)

Miami, Fl 33186

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Isabel Dossul
	12255 SW 123 Ave Miami, Fl 33/86
MGR	Chulam Q Dossul
	12255 SW 123 AVE
	Miami   F1 33186
•	
CV: Effective date, if other than the date	of filing: 5016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 de
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Page 2 of 2

\$ 5.00 Certificate of Status (Optional)